NHS
Somerset
Clinical Commissioning Group

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 2, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 13th April 2016.**

| | | |
|---|---|---|
| Present: | Dr Toby Burne (TB) | CLICK Representative |
| | Dr Adrian Fulford (AF) | Taunton representative |
| | Shaun Green (SG) | Associate Director, Head of Medicines Management |
| | Matt Harvey (MH) | LPC Representative |
| | Liz Harewood (LH) | Somerset Partnership Representative |
| | Catherine Henley (CH) | Locality Medicines Manager |
| | Dr Mike Holmes (MHo) | South Somerset Representative |
| | Dr Piers Jennings (PJ) | East Mendip representative |
| | Dr Catherine Lewis (CL) | Bridgwater Representative |
| | Dr James Nicholls (JN) | West Mendip Representative |
| | Dr Carol Reynolds (CR) | North Sedgemoor Representative |
| | Donna Yell (DY) | Prescribing Support Technician, Secretary |
| Apologies: | Dr Geoff Sharp (GS) | Chairman, CCG Prescribing Lead |
| | Dr David Davies (DD) | West Somerset Representative |
| | Steve DuBois (SDB) | Somerset Partnership Representative |
| | Gordon Jackson (GJ) | Lay Representative |
| | Dr Robert Munro (RM) | LMC Representative |

**1 INTRODUCTIONS**

Dr Robert Munro was mentioned to the group as the new LMC representative who replaces Steven Edgar. Although he sent his apologies for this meeting.

**2 APOLOGIES FOR ABSENCE**

2.1 Apologies were provided as detailed above.

**3 DECLARATIONS OF INTEREST**

Dr Robert Munro has been asked to provide his declarations of interest to the group.

SG mentioned an NHS England consultation around conflicts of interest currently underway which may impact on declarations of interest for the group. He will update the group when complete.

**4 MINUTES OF MEETING HELD ON 9th March 2016**

4.1 Agreed as an accurate record of the meeting.

DY to amend spelling of Bridg**e**water on page 7 point 8.

4.2 **Review of Action points**

SG ran through the action points from the last meeting. Most actions were complete or raised on the agenda. The following items were specifically noted:

3. Scorecard indicators 16/17 – Sip feeds.

Sompar sip feed charter is up to date. The dietician and a member of the medicines management team who sits on the Nutrition Best Practice Group are producing a leaflet for patients on what they can expect from primary care. Outlining different brand comparisons, with a statement along the lines of 'you will receive the same sort of supplement but under a different name.

LH to share the leaflet with the group when it has been produced.

4. Respiratory Nurses training and education.

   GS has contacted Steve Holmes, the CCG Respiratory Programme Board are aware of the variation in availability of practice nurses with respiratory training and the variable quality of standards to which they have been trained. The board is keen to improve the current position and this is on their programme of work.

7. Smoking cessation arrangements.

   Communication about the new arrangements has been sent out via the GP bulletin and followed up with email from SG.

11. Discontinuation of minor ailments scheme.

    NHS England has now decided that will continue commissioning this service for the next year.

12. NHSE Patient Safety Alert: Risk of severe harm or death when desmopressin is omitted or delayed in patients with cranial diabetes insipidus.

    CH has provided information on desmopressin usage showing that just a small number of practices are prescribing. An item on this will gointo the next newsletter.

13. Medication Safety Network – Allergy recording.

    This is likely to be a lengthy piece of work, to remove from our actions and request Karen Taylor updates the group as necessary.

**PART 1 – ITEMS FOR DISCUSSION OR DECISION**

**5 Matters Arising**

5.1 **Reletrans Buprenorphine patches** *Sandoz*

Shortly after approving this for addition to formulary at March 2016 meeting, the Medicines Management team became aware that Napp have taken court action against Sandoz and Napp claiming patent infringement of BuTrans®Until the case is settled, Sandoz will not be able either to sell or take orders for Reletrans®.

Reletrans will not be added to the formulary until the matter is settled.

5.2 **Deprescribing**

Medicines Management (MM) have previously issued guidance on deprescribing based around the STOPP / START tool alongside medication review guidance.

There has been a request through GS from COG for some guidance which will support reviews of frail elderly patients and avoidable admissions.

NICE are expected to release a piece of guidance at the end of the summer around this issue. In view of this, we don't want to produce something too early that may then have to be amended.

As an interim measure we will reissue the STOPP / START tool as the best evidence based guidance around what to do and where to think about deprescribing.

We have changed the layout of eclipse live alerts to clearly flag deprescribing issues.

SG fed back to COG deprescribing should initially focus on those medications that are causing harm.

Ana Alves has been tasked with producing the guidance for the CCG, she has asked what the group would like to see the guidance look like.

Suggestions are:

- An aide-memoire rather than a long piece of guidance
- Traffic lights highlighting green, amber or red items.
- Numbers needed to treat and numbers needed to harm, stratified by age group.

5.3 **Minor Ailments Scheme**
Discussed under item 4.2 review of action points (above)

**6 Other Issues**

6.1 **Dermatology Formulary Chapter**
Ana Alves has produced this chapter for the formulary, it doesn't cover everything but gives 1st and 2nd line options for most dermatology conditions.

It is a living document and all feedback is welcome.

CR suggested it would be good to add some Self Care recommendations for items which should be purchased on the high street rather than prescribed. e.g. calamine lotion.

It has been shared with secondary care dermatologists for comment, no issues have been raised so far.

**7 Formulary Applications**

7.1 **CALCI-D® chewable tablets** *Consilient Health Ltd*
(calcium carbonate/colecalciferol 1000mg/1000IU) £2.25 / 28 tabs

- Another option proposed to add to other formulary recommendations.
- Once daily dosing.
- May be more palatable for some patients.

Approved as **GREEN**

7.2 **Otovent nasal balloon** for otitis media with effusion *abigo*
Drug Tariff price £4.90, Retail price £7.84

This device, which is prescribeable on FP10 fits with policies for other interventions around Glue Ear and Grommets.

- ENT specialists also approve of it.
- NICE have reviewed and approve the use of this device, it has good evidence to show improved outcomes for children with middle ear / glue ear problems. Not much evidence in adults.
- Propose to add to formulary linked to antibiotic use in children and the grommet policy.

Approved as **GREEN**

7.3 **Teva UK Limited's Spotlight brands**
List provided by Teva reps viewed.

- Some items are already on formulary
- Most are cheaper than Drug Tariff price.
- There are some areas where we recommend another brand too.

- Propose those items not already on formulary should be added.
    - Dretine (ethinylestradiol 0.03mg/drosperinone 3mg, 3x21)
    - Gazylan XL (galantamine prolonged release 8mg, 16mg, 24mg caps)
    - Mariosea XL (tolterodine prolonged release 2mg, 4mg caps)
    - Monomil XL (isosorbide mononitrate prolonged release 60mg tabs)
    - Nasofan (fluticasone nasal spray 50mcg)
    - Peptac (compound alginate oral suspension)
    - Sondate XL (quetiapine prolonged release 50mg, 150mg, 200mg, 300mg, 400mg tabs)
    - Spiroco XL (ropinerole prolonged release 2mg, 4mg, 8mg tabs
    - Stanek (levodopa, carbidopa, entacapone, all strengths)

CH raised Stanek (levodopa/carbidopa/entacapone) Teva brand of Stalevo. We recommend using Sastravi and had assurance that Sastravi is bioequivalent to Stalevo before adding to formulary. CH to check Stanek bioequivalence.

Approved as **GREEN** for all apart from Stanek until bioequivalence checked.

There was a discussion around prescribing errors due to branded generic prescribing. There have been a small number of incidents on transfer of care between healthcare settings where junior doctors have not recognised branded generics. All incidents are reported through DATIX and brought to the attention of Medicines Management. Some groups of branded generic medicines e.g. Controlled Drugs are agreed across Somerset to help avoid incidents and ensure that only one brand is used across the county. Branded generic prescribing can be advantageous to patients as it ensures that they will always receive the same product.

**8 REPORTS FROM OTHER MEETINGS**
**Commissioning Locality Feedback**

**South Somerset** –MHo – nothing to report

**West Somerset** – DD – not present

**Central Mendip** – GS – not present

**Bridgewater Bay** – CL – nothing to report

**Taunton** – AF – nothing to report

**Chard, Crewkerne and Ilminster** – TB – In conjunction with Taunton, the CLICK Federation are going to employ 3 pharmacists across the patch. How this will work has not been finalised.

SG assured the group members that sessional practice support pharmacists would not be withdrawn as CCG work will be considered separate to any pharmacists employed directly by practices of federations.

**East Mendip** – PJ – nothing to report

**West Mendip** – JN – nothing to report

**North Sedgemoor** – CR – Going to have a locality sign-up for all practices around temporary residents and the CCG agenda. SG suggested Helen Spry can help support this.

PJ raised the supply issue with prescription pads being unavailable. SG confirmed that he was aware of this national problem and had seen a recent article published in PULSE magazine. Unfortunately, the CCG has little influence over this matter as prescription pad supply is via Primary Care Support England (PCSE). PJ requested

SG contact NHS England. SG agreed to do so, although it is unlikely to make much difference. MH is concerned this may impact dispensing tokens for dispensing of electronic prescriptions. He will contact pharmacies and try to push via the LPC.

SG is expecting an announcement on Monday 18th April around the PMS / GMS alternative contract and linking practices working together. He has requested any localities looking at these routes to involve him at the earliest possibility as some proposals may affect what happens to the prescribing budget.

**COG** – GS – not present

**Somerset Partnership D&TC** - last meeting 10/03/2016 – minutes received

- Matoride – everyone has been informed again of this preference, possibly locum consultants in CAMHS have not previously been informed.
- Electronic prescribing – want to roll out by area and include District Nurses (DN) talking to Dulverton as a pilot about what may or may not be possible.
- Tujeo – there is a feeling that this may be useful particularly for DN's to free up their workload as dose timings are more flexible. CH also things there may be an enquiry from Weston to come.
- Learning Disabilities prescribing letter – a few concerns about data quality, SDB to feedback to SG. Main concern was that in depth reviews of complex patients currently doesn't include pharmacists input. Understanding is that there is some national funding to support this.

**YDH D&TC** - last meeting 12/04/2016 – minutes not received
MHo updated the group on discussions at this meeting.

- Internal policies around anticoagulation particularly NOACS, may affect Primary care regarding pre-op recommendations.
- Implementation of new warfarin chart, Mho has asked that copies are sent with discharge patients.
- Proposing to add Guanfacin to formulary to replace Atomoxetine – need to bring to SPF.
- Hip and knee advanced recovery – Gabapentin has not been very successful, proposing to use tapentadol instead. Tapentadol is on formulary, within this pathway wouldn't expect to see primary care prescribing.
- Rheumatology are experiencing difficulties with work load surrounding switch to biosimilars which may affect patient follow-ups.
- Botox in chronic anal fissure – botox felt to be preferable to lateral sphincterotomy - to be brought to SPF.

**T&ST D&TC** – next meeting 13/05/16

**BNSSG Joint Formulary Group** – last meetings 12/1/16, 23/02/2016 & 12/04/16 - minutes not received.

CH has been asking for these minutes but does not receive a reply, the only way we can obtain is through Helen Spry who attends the Weston meeting.

**BNSSG DTC** – last meeting 27/01/2016 & March 16 – minutes not received

As above

**T&S Antimicrobial Prescribing Group** – last meeting 24/02/2016 – minutes received

Nothing to note. Ana Alves antimicrobial guideline amendments were discussed at March PAMM.

The Quality Premium should be achieved this year and new national targets have been set for 16/17, which we are already achieving.

SG thanked all practices their work around antimicrobials.

**RUH Bath DPG** – last meetings 10/12/2015, 14/01/2015 & 11/02/2016 – minutes not received.

CH has drafted a letter from GS to request we receive minutes regularly as we'd like to be engaged with their decisions.

**Weston D&TC** – last meeting 10/03/2016 – minutes not received

**LPC Report** – MH –
Has received reports of pharmacies not being engaged by practice support pharmacists when switches are being done at practices, he requested a communication to go to the team as a reminder. To be added to the MM team weekly email.

They have also had incidents with confused patients where letters have not been sent informing them of switched medications. The patient collects their bag of medicines and doesn't recognise a switched medication and hands it back.

There is not always a need to send a letter unless clinically necessary and we would expect pharmacists to engage with switches and explain to the patient.

**Medicines Safety Network** – next meeting 18/05/2016

**PART 2 – ITEMS FOR INFORMATION OR NOTING**

**9 Current Performance**

9.1 **Prescribing Report**

SG presented his monthly report based on Jan 16 data.

- The cumulative spend was £66,085,864 and the reported NHSBSA end of year forecast was £78,636,203
- Somerset CCG has the 26th lowest spend per astro on prescribing out of 210 CCGs, with costs now nearly 20% below the national average.
- Somerset CCG prescribing cost growth rate based on comparison of Jan 16 data to Jan 15 is 3.74%. The national prescribing cost growth rate based on comparison of Jan 16 data to Jan 15 is 4.28%.
- Our costs include NOACs. Many other CCG's aren't prescribing at the same levels as Somerset yet.
- Any savings are invested into other services but more savings are always requested.
- Currently finalising the audits for the Prescribing Quality and Improvement. Some are repeated from 15/16 and some are new aligned with other work streams.

- Scorecard has been finalised and was shared via email last week. Potential savings from scorecard are £2.5million if all practices go green on all indicators. This does take a lot of work and there is no expectation to achieve green on everything.
- A high level of risk with regards to the expected 2016/17 growth in the prescribing budget remains despite the mitigating actions in place from the available resources. The proposal for extra funding for practice support staff and Care Home Pharmacists to help achieve the savings agenda was not given.
- Quality and Safety remains top of the agenda, any reviews of patients should include this and highlight safety issues or unmet need.
- There is a noticeable reduction in Red Eclipse Live alerts which shows this work is being undertaken.
- Graphs were viewed and noted showing practice prescribing over/underspend and emergency admissions.
- 16/17 practice budgets will be set at the end of May 2016. The April 1st population data and March prescribing data which is available around the middle of May is required before budgets can be set.

9.2 **January Scorecard Commissioning Locality Trend**
Virtually all indicators are heading in the right direction. Jan to Feb results show big improvement in the number of green indicators. Out of a possible 1500 greens we now have 906, we started the year with 400-500. This reflects all the work put in at practice level around reviewing patients and switches.

Somerset is performing better than the national average on these.

2016/17 scorecard changes to indicators and & targets require continued engagement with practices particularly on areas that have not been tackled yet.

Any withdrawn indicators are still monitored in case they slip back.

9.3 **January Safety Spreadsheet**
Good trends, always expect a few patients to remain on some items who should be informed of the safety implications.

Some items e.g. Methotrexate 10mg should have zero prescribing where it has been withdrawn from formulary because of dispensing errors.

9.4 **Flu Vaccine Ski Slopes**
Viewed annually.

Included as a scorecard indicator to encourage practices to use the 2 or 3 preferred options costing £6 or less. Approximately 1/3 of practices have engaged with this.

The 16/17 recommendations have been flagged early to practices to aid ordering requirements.

**10 Rebate Schemes** – nothing new
Recently have done lots of chasing of funds for the end of year. Over the last 3 to 4 years rebate schemes have brought in nearly £2million. This money goes back into the CCG bottom line not MM. Some of the drivers have been the NOACs of those schemes two have been stopped but they have reduced the national price.

**11 NICE Guidance**

11.1 **NHS Sheffield CCG framework of NICE guidance (March) –** noted

**12** **NICE Technology Appraisals** – nothing new

**13** **NICE Clinical Guidance**

13.1 **NG44: Community engagement: improving health and wellbeing and reducing health inequalities** - noted

General guidance outlining how organisations may link up.

**14** **NICE Quality Standard**

14.1 **QS120: Medicines optimisation**

Quality statements viewed and noted.

To be looked at by the MM team.

MH confirmed that summary care records are now available in pharmacies, 8 independents left to go live, not sure how many multiples. This is an integral part of the discharge pilot.

**15** **Safety Items, NPSA Alerts and Signals**

15.1 **March DSU newsletter** – viewed and noted

It has been raised by David Rooke – CQC practice assessor that practices are not automatically receiving drug safety alerts. The feedback from the group was that practice managers receive and forward to GPs. SG asked members to check at locality level that all GP's receive DSU alerts.

15.2 **NHS Patient Safety Alert: Risk of death from failure to prioritise home visits in general practice** – viewed and noted

**16** **BNF Changes**

16.1 **BNF update March 2016** – viewed and noted

**17** **Any Other Business**

SG asked the group to consider reducing PAMM to bimonthly meetings. The group concluded that bimonthly meetings would be much more onerous and the decision was made to continue monthly meetings. There is good attendance each month so SG happy to continue our usual schedule of meetings.

**Date of Next Meeting:** Wednesday 4th May 2016, Meeting Room 1, Wynford House, Yeovil

NHS Somerset Clinical Commissioning Group

**PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS**
**SCHEDULE OF ACTIONS**

| NO | SUBJECT | OUTSTANDING RESPONSIBILITY | ACTION LEAD | STATUS |
|---|---|---|---|---|
| **ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 13th April 2016** | | | | |
| **1** | Minutes of meeting held on 9th March 2016 | Amend spelling of Bridgewater on page 7 point 8 | **Donna Yell 4th May 2016** | Completed |
| **2** | Sip Feeds | Leaflet being produced by Sompar outlining different brand comparisons for patients to be shared with PAMM | **Liz Harewood 4th May 2016** | |
| **3** | Dermatology Formulary Chapter | Link to Self-Care recommendations. Add info to relevant items suggesting purchase OTC rather than prescribe. | **Ana Alves 4th May 2016** | Completed |
| **4** | Stanek Teva spotlight brand | Check bioequivalence to Stalevo before adding to formulary | **Catherine Henley 4th May 2016** | In progress |
| **5** | Prescription Pad supply issue | Contact NHS England for update on this issue.<br>Raise with LMC.<br>Raise with LPC. | **Shaun Green**<br><br>**Piers Jennings**<br>**Matt Harvey**<br>**4th May 2016** | Completed |
| **6** | Pharmacy engagement in cost saving switches | Reminder for practice support staff to engage pharmacies before making switches to go in weekly email. | **Shelley Hodder 4th May 2016** | Completed |
| **7** | Melatonin for Hemicrania Continua | T&S D&TC minutes of meeting 12/02/2016 say SPF approved as Green but PAMM minutes say approved as Amber.<br>Check with Nigel Anckorn | **Catherine Henley 13th April 2016** | Completed |
| **8** | PMS / GMS contract announcement | SG is expecting an announcement on Monday 18th April around the PMS / GMS alternative contract and linking practices working together. He has requested any localities looking at these routes to involve him at the earliest possibility as some proposals may affect what happens to the prescribing budget. | **All Locality representatives 4th May 2016** | |
| **9** | NICE QS120: Medicines Optimisation | To be reviewed by MM team | **MM team 4th May 2016** | |
| **10** | Drug Safety Updates | Group members to check at locality level that all GP's receive DSU alerts. | **Locality Representatives 4th May 2016** | |
| **11** | Traffic Light changes | none | **Steve Moore 4th May 2016** | n/a |

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| **12** | Newsletter articles | • **Antimicrobial Guidelines update**<br>• **NHSE PSA:** Risk of severe harm or death when desmopressin is omitted or delayed in patients with cranial diabetes insipidus *(If felt necessary when practices who are prescribing it has been investigated)*<br>• **OpenPrescribing.net** a new publically available website allowing people to scrutinise prescribing data down to CCG and practice level. Article to be added to the newsletter to make GP's aware that patients may come in quoting this data. | **Steve Moore**<br>**4th May 2016** | |
| **13** | Formulary changes | **CALCI-D® chewable tablets** *Consilient Health Ltd*<br>(calcium carbonate/colecalciferol 1000mg/1000IU) £2.25 / 28 tabs<br>• Another option proposed to add to other formulary recommendations.<br>• Once daily dosing.<br>• May be more palatable for some patients.<br>Approved as **GREEN**<br><br>**Otovent nasal balloon** for otitis media with effusion *abigo*<br>Drug Tariff price £4.90, Retail price £7.84<br>• ENT specialists also approve of it.<br>• NICE have reviewed and approve the use of this device, it has good evidence to show improved outcomes for children with middle ear / glue ear problems. Not much evidence in adults.<br>• Propose to add to formulary linked to antibiotic use in children and the grommet policy.<br>Approved as **GREEN**<br><br>**Teva UK Limited's Spotlight brands**<br>List provided by Teva reps viewed.<br>• Some items are already on formulary, some practices support the use of branded generics while others don't.<br>• Most are cheaper than Drug Tariff price.<br>• There are some areas where we recommend another brand too.<br>• Propose those items not already on formulary should be added.<br>Approved as **GREEN** for all <u>apart from Stanek</u> until bioequivalence checked. | **Steve Moore**<br>**4th May 2016** | Completed |